

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		2					53								
4	1						54								
5		1					55								
6		2					56								
7		2					57								
8	1						58								
9	1						59								
10	1						60								
11		2					61								
12		1					62								
13		2					63								
14		2					64								
15							65								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.		15					TOTAL DEP.								
TOTAL CLAIMS	20						TOTAL CLAIMS								